

PSJ3
Exhibit 493

POTENTIAL INTERIM SOLUTIONS	DATA INTAKE/OUTPUT	DATA ANALYTICS	PHY/BUSINESS	COMMENTS	PROS	CONS
1. IMS HEALTH	<ul style="list-style-type: none">• Data Set: 75% at Retail; 85% at Retail -- SBI Acquisition* 21 out of 28 large chains* 10,000 Indep't out of 18,000* Data: Cash//Medicaid/3rd parties• 94% of Mfr/wholesale/outlets* excludes Drs offices, clinics*This would help identify pharmacies with potentially inappropriate behavior even if the pharmacy itself does not report transaction data to IMS <p>There is generally a 10 day lag between when a transaction takes place and when it would show up in solution</p>	<ul style="list-style-type: none">• Longitudinal data – Very High• Patient ID – Accurate (de-identified); Encrypted patented methodology, uses multiple variables (more accurate linking in some instances than PMPs)• Uses Sentinel “outlet” ranking system* 8=9 metrics* volume of CS Rxs* % of total Rxs* % of cash vs. noncash* # patients with 90 days supply• Data Analyzed by # statisticians – specializing in data analytics• Modeling established – Retrospective Analysis & Validated• Algorithms also in place to identify potentially bad prescribers and pharmacies	<ul style="list-style-type: none">• Web-based system* Corporate & Store Level• Pharmacy Level: Operational Benchmarking <p>Market Pilot –</p> <ul style="list-style-type: none">* Commences in September* Concludes – 4th Quarter* 2 Chains – Maybe 3* Data Set: 2-3 states – limited product groupsStates: OH & FL* Roll Out: Jan 2013	<ul style="list-style-type: none">• Unclear whether developing tool & output will be available to others outside the channel		

2. NABP PMP INTERCONNECTS PROGRAM	<ul style="list-style-type: none">• Outgrowth of the Bureau of Justice Assistance efforts with Prescription Monitoring Information Exchange (PMIX)• 14 Member -- Steering Committee: Arizona, Connecticut, Indiana, Kansas, Kentucky, Michigan, Mississippi, New Mexico, North Dakota, Ohio, South Carolina, Utah, Virginia (chair), and West Virginia.• 9 States On Board: Arizona, Connecticut, Indiana, Kansas, Michigan, North Dakota, Ohio, South Carolina, and Virginia• Kentucky and New Mexico will connect to PMP InterConnect by the end of summer 2012• Program currently links PMPs in 20 states and discussions are ongoing with a number of other states that have shown interest in participating• Data Reporting Varies Among States• Frequency of Data: Varies among States	<ul style="list-style-type: none">• No single data format• Scope of Programs Varies	<ul style="list-style-type: none">• Suggestion: Designate NABP or SS to receive all PMP data• Suggestion: Pass Leg'n requiring data sharing et al	HHS ONC pilot project: Collaboration between ONC, Regenstrief, Wishard, the National Association of Boards of Pharmacy, Appriss Inc., and the State of Indiana.		
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3. NABP's NARxCHECK	<ul style="list-style-type: none">States that it leverages NaRxcheck technology & scoring to aid evaluation of large database of RX dataFormulates scores based on state PMP data queries: OH & INCurrently piloting for emergency room physicians; NABP is working to acquire rights to NaRxCheck	<ul style="list-style-type: none">Automatically queries states' PMP within 8-10 secondsDownloads Rx dataAlgorithmically scores every patient according to risk parameters for narcotics, sedatives and stimulants and creates a NaRx reportPresents NaRx score, report – automated dashboard<ul style="list-style-type: none">Narotic scoreSedative ScoreStimulant ScoreDashboard allegedly developed by MITREStratifies patients, providers and pharmacies according to risk and outlier behavior<ul style="list-style-type: none">NarxCheck assigns a score, similar to a credit-report score, for each patient checked in at the emergency room.<ul style="list-style-type: none"><200 – low likelihood of diversion200-500 – abuse may be of concern>500 abuse is likelyPatients added to system via HL7 ADT feedDashboard is automatically kept up to date as patients	<ul style="list-style-type: none">Not Bidirectional	HHS ONC/NABP: The Ohio pilot project is a collaboration with the Springfield Center for Family Medicine, Eagle Software Corporation's NARxCHECK, the State of Ohio, and MITRE.		
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Please list any additional developing solutions or pilot programs you feel NACDS should consider as a potential interim solution for February 2013. (eg, switch companies, etc)